REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT?

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFO	RMATION		
Full name of committee (as on Statement of Organization) Check if this is a new name.	ne	iv , s is a second in the second second	
Friends of VAN DEGNAN	Carried St.	Alberta Barriston Alberta Arms	and which are the party of the
2. Acronym or abbreviated name, if any	3 Committee telephone number		
station to it transfer in . This fours will be the teles of all pages of first entities	(317) 708 8563		
4. Mailing address (address where all campaign finance correspondence is received)	check if this is a ne	w address	TOTAL PAGES: Enter the to incepting any inteched school school
5. City, state, ZIP code	6. Party affilia	tion (if applicable)	THE THE AND ALGER DISCOUNT?
Carmel, 2N 96032		publican	of hallinger militariolni
· CANDIDATE INFORMATION (For Can	didate's Comm	ittees Only)	
7. Full name of candidate (include any nickname)	0	tion of independent	
Vanic WAN WegNAN		BICAN	Han morthwesterings in
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of	/ .	
Westfield Your Cours! - At CARE	Ham	1/62	
TYPE OF REPORT		CONTRACTOR DESCRIPTION	TION CANDIDATES ONLY
11. Check one:	omun ensequ	Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, a	and 20 must be "0"	the authorized part to exect	the residence are swind to \$1777.
U Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Conve	
12. Reporting period: From: Van / 2002 Through: December	3/2002	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	Brawn, include	9752	
14. Cash on hand and investments January 1, current year.			975
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash cont	tributions.)		A CALL
15a. Itemized (use Schedule A)		66120	-0-
15b. Unitemized		10123	CC183
15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	SUBTOTAL .	(63C 23	1636 28
EXPENDITURES	TOTAL		
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	Deportus pon a	44402	44493
	that A " bushing	-6-	-0-
17b. Unitemized	SUBTOTAL	44492	4/4/92
17c. Add lines 17a and 17b in both columns		114131	114/31
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both or	olumns) TOTAL	- () -	
19. Debts OWED BY the committee (use Schedule D)	traintenant con	- 0-	
20. Debts OWED TO the committee (use Schedule E)	numb said	-0-	Charles and the Charles and th

CERT	IFIC.	NOITA
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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

TRUE CORRECT AND COMPLETE

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Plan + Michelle Degun Ar HOO I Shadow Lates Dr E	Contributions: Direct In-Kind (describe)	10.31	10.31	811/02
1470 1 Shadow Lakes Dr E Carnel, FN 460 82 Contributor's Occupation (if required) Pharmacyst	Other Receipts: Interest I Loan Misc (specify)	166	16671	CCUPATION
2. Mil Med D 15466 OAKRd Cornel, EN 46033 Contributor's Occupation (4 required) Refired	Contributions: Direct In-Kind (describe) Styles Other Receipts: Interest Loan Misc (specify)	4441	444 an	Heston
3. A seed as the entry in Column A.	Contributions: Direct In-Kind (describe)	rebosico di	se to hogs	tail edt.
Contributor's Occupation (if required)	Other Receipts: Interest □ Loan Misc (specify)	month, day, je maney order, il n cash is aqu	EDT: Enter the d the check or received whe	TE MECONA Initiae receiva Initutions and
4. A substate of this Schedule. A If there is early one page of this Schedule.	Contributions: Direct In-Kind (describe)	SCHEDULE	IS PAGE OF	BTOTAL TH
Contributor's Occupation (if required)	Other Receipts: Interest I Loan Misc (specify)	SCHEDULE	PAGES OF	to8 no eagen f
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (# required)	Other Receipts: Interest □Loan Misc (specify)			
CUP TOTAL	THIS PAGE OF SCHEDULE A	11/25		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM 15a of the Summa	A ON THE LAST PAGE ONLY ary Sheet)	s GG / 23 s GG / 23		



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(CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	and	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Mir MEAD	Retired	Direct	14400	1/11/50	41.01
MIC MEATS 154CE OARAS COMEL, IN 46053	SAT RETIES SHITTINGS BE OR TRANSFER-OUT UNI BE UNK	Purpose:	444	44400	1/25/0
Code	The date the street of the str	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐	of its neman field tel and the neman field tel and the studiones and a	ay grap coordinates She box as line upp pacifics, police the	UNE CODES: In United Address:
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